

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2013 **and ending** 06/30/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Piedmont Triad Anesthesia, P.A. Federal PAC **Employer identification number** 26 - 0557366

2 Mailing address (P.O. box or number, street, and room or suite number)
145 Kimel Park Drive Suite 120

City or town, state, and ZIP code
Winston-Salem, NC 27103 - 6972

3 E-mail address of organization: tfyock@ptanc.com **4 Date organization was formed:** 05/31/2007

5a Name of custodian of records Theodore C. Fyock
5b Custodian's address 145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

6a Name of contact person F. Alan Koontz
6b Contact person's address 145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
145 Kimel Park Drive Suite 120

City or town, state, and ZIP code
Winston-Salem, NC 27103 - 6972

8 Type of report (check only one box)

- | | |
|--|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input checked="" type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A) **9. \$** 22400

10 Total amount of reported expenditures (total from all attached Schedules B) **10. \$** 5590

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

THEODORE C FYOCK

07/16/2013

**Sign
Here**



Signature of authorized official



Date

Schedule A Itemized Contributions

Schedule A

Contributor's name, mailing address and ZIP code

DANIEL KENNEDY
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

05/31/2013

Contributor's name, mailing address and ZIP code

CURTIS JOHNSRUDE
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

01/31/2013

Contributor's name, mailing address and ZIP code

MICHAEL SCANNELL
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

03/31/2013

Contributor's name, mailing address and ZIP code

MICHAEL SCANNELL
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

04/30/2013

Contributor's name, mailing address and ZIP code

GREGORY HARDIE
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

06/30/2013

Contributor's name, mailing address and ZIP code

G. ERIK HERTZ
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

01/31/2013

Contributor's name, mailing address and ZIP code

SIMON CHAO
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

03/31/2013

Contributor's name, mailing address and ZIP code

THOMAS GENDRACHI, JR.
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

02/28/2013

Contributor's name, mailing address and ZIP code

CURTIS JOHNSRUDE
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

06/30/2013

Contributor's name, mailing address and ZIP code

KUMAR DONGRE
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

05/31/2013

Contributor's name, mailing address and ZIP code

THOMAS GENDRACHI, JR.
145 Kimel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

06/30/2013

Contributor's name, mailing address and ZIP code CHARLES D REID 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 05/31/2013
Contributor's name, mailing address and ZIP code RONALD WATERER 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code BENZION SCHKOLNE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 01/31/2013
Contributor's name, mailing address and ZIP code JOSEPH MIDDLETON 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 02/28/2013
Contributor's name, mailing address and ZIP code G. ERIK HERTZ 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code MICHAEL SCANNELL 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 06/30/2013
Contributor's name, mailing address and ZIP code SURESH PENKAR 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 06/30/2013
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Contributor's name, mailing address and ZIP code FREDRICK ALAN KOONTZ 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 01/31/2013
Contributor's name, mailing address and ZIP code GREGORY HARDIE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 02/28/2013

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Contributor's name, mailing address and ZIP code CURTIS JOHNSRUDE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013

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Contributor's name, mailing address and ZIP code RONALD WATERER 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 05/31/2013
Contributor's name, mailing address and ZIP code GREGORY HARDIE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code DANIEL WINTERS 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013

Contributor's name, mailing address and ZIP code PAOLO FLEZZANI 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 06/30/2013
Contributor's name, mailing address and ZIP code CHARLES D REID 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code FREDRICK ALAN KOONTZ 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code TERRANCE ALMENGUAL 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code G. ERIK HERTZ 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013
Contributor's name, mailing address and ZIP code CHARLES D REID 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013
Contributor's name, mailing address and ZIP code G. ERIK HERTZ 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 05/31/2013
Contributor's name, mailing address and ZIP code PAOLO FLEZZANI 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 02/28/2013
Contributor's name, mailing address and ZIP code MICHAEL SCANNELL 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 01/31/2013
Contributor's name, mailing address and ZIP code KUMAR DONGRE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code JOSEPH MIDDLETON 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013

Contributor's name, mailing address and ZIP code SIMON CHAO 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 01/31/2013
Contributor's name, mailing address and ZIP code DAVID COLONNA 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 800	Amount of contribution \$ 200 Date of contribution 01/31/2013
Contributor's name, mailing address and ZIP code RONALD WATERER 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013
Contributor's name, mailing address and ZIP code GREGORY HARDIE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 05/31/2013
Contributor's name, mailing address and ZIP code PAOLO FLEZZANI 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code MICHAEL SCANNELL 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 02/28/2013
Contributor's name, mailing address and ZIP code DANIEL KENNEDY 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code JOSEPH MIDDLETON 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 06/30/2013
Contributor's name, mailing address and ZIP code RONALD WATERER 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 01/31/2013
Contributor's name, mailing address and ZIP code DAVID COLONNA 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 800	Amount of contribution \$ 200 Date of contribution 02/28/2013
Contributor's name, mailing address and ZIP code FREDRICK ALAN KOONTZ 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 05/31/2013

Contributor's name, mailing address and ZIP code SIMON CHAO 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 02/28/2013
Contributor's name, mailing address and ZIP code DANIEL KENNEDY 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 02/28/2013
Contributor's name, mailing address and ZIP code PAOLO FLEZZANI 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 01/31/2013
Contributor's name, mailing address and ZIP code SIMON CHAO 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013
Contributor's name, mailing address and ZIP code CURTIS JOHNSRUDE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013
Contributor's name, mailing address and ZIP code TERRANCE ALMENGUAL 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 05/31/2013
Contributor's name, mailing address and ZIP code SURESH PENKAR 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code KUMAR DONGRE 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 04/30/2013
Contributor's name, mailing address and ZIP code DANIEL WINTERS 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 03/31/2013
Contributor's name, mailing address and ZIP code RONALD WATERER 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 06/30/2013
Contributor's name, mailing address and ZIP code THOMAS GENDRACHI, JR. 145 Kimel Park Drive Suite 120 Winston-Salem, NC 27103 - 6972	Name of contributor's employer PIEDMONT TRIAD ANESTHESIA, P.A. Contributor's occupation PHYSICIAN Aggregate contributions year-to-date \$ 1200	Amount of contribution \$ 200 Date of contribution 01/31/2013

Contributor's name, mailing address and ZIP code

BENZION SCHKOLNE
145 Kimmel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

04/30/2013

Contributor's name, mailing address and ZIP code

CURTIS JOHNSRUDE
145 Kimmel Park Drive Suite 120
Winston-Salem, NC 27103 - 6972

Name of contributor's employer

PIEDMONT TRIAD ANESTHESIA, P.A.

Contributor's occupation

PHYSICIAN

Aggregate contributions year-to-date

\$ 1200

Amount of contribution

\$ 200

Date of contribution

05/31/2013

Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP code WESLEY MEREDITH FOR SENATE PO BOX 27398 FAYETTEVILLE, NC 28314 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 1000 Date of expenditure 01/17/2013
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Purpose of expenditure
CONTRIBUTION

Recipient's name, mailing address and ZIP code SHARRARD, MCGEE & CO PO BOX 5869 HIGH POINT, NC 27262 - 5869	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 500 Date of expenditure 05/31/2013
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Purpose of expenditure
FORM 990-EZ TAX RETURN PREPARATION

Recipient's name, mailing address and ZIP code PHIL BERGER COMMITTEE PO BOX 1309 EDEN, NC 27289 - 1309	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 4000 Date of expenditure 01/17/2013
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Purpose of expenditure
CONTRIBUTION

Recipient's name, mailing address and ZIP code WELLS FARGO BANK Tryon at 3Rd P.O. Box 6995 Portland,, OR 97228 - 6995	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 30 Date of expenditure 03/11/2013
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Purpose of expenditure
BANK CHARGES

Recipient's name, mailing address and ZIP code WELLS FARGO BANK Tryon at 3Rd P.O. Box 6995 PORTLNAD, OR 97228 - 6995	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 30 Date of expenditure 01/11/2013
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Purpose of expenditure
BANK CHARGES

Recipient's name, mailing address and ZIP code WELLS FARGO BANK Tryon at 3Rd P.O. Box 6995 Portland,, OR 97228 - 6995	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 30 Date of expenditure 02/11/2013
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Purpose of expenditure
BANK CHARGES